

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-9106	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Master Log.</u>	7. Unit Agreement Name
2. Name of Operator	West Lovington Unit
3. Address of Operator	8. Farm or Lease Name
PO Box 728, Hobbs, New Mexico 88240	West Lovington Unit
4. Location of Well	9. Well No.
UNIT LETTER <u>J</u> <u>2970</u> FEET FROM THE <u>North</u> LINE AND <u>2310</u> FEET FROM	10. Field and Pool, or Wildcat
THE <u>East</u> LINE, SECTION <u>8</u> TOWNSHIP <u>17S</u> RANGE <u>36E</u> NMPM.	Lovington San Andres West
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
3000' GR	Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER Temporarily Abandon ☒
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- MIRU. Back flow to Frac Tank. Release pkr.
- TOH w/149 jts., 2 3/8" IPC Tbg., 5 1/2" Baker Lok Set pkr. Set 5 1/2" CIBP @ 4700'.
- Cap w/35' cmt. PBTD 4665'. TIH w/2 3/8" tbg to 4600'. Circ. csg. w/Inhib FW. TOH LD 2 3/8" tbg. Test 5 1/2" csg. to 500# 30 min. 12:30-1:00 PM, ok.
- RDU. Change status from INJ to TR-INJ effective 04/10/87.

TEMPORARY ABANDON expires 4/10/88

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED <u>James A. Head</u>	TITLE <u>Hobbs Area Superintendent</u>	DATE <u>April 13, 1987</u>
APPROVED BY <u>DISTRICT SUPERVISOR</u>	TITLE <u></u>	DATE <u>APR 15 1987</u>
CONDITIONS OF APPROVAL, IF ANY:		

397-3571